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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/516,729			ing Date 06/2004	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY \square	OTHER THAN OR SMALL ENTITY		
FOR NUMBER FILED NU						MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A	• • • • • • • • • • • • • • • • • • • •	1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A			N/A		1	N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		mir	nus 20 =	•			x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S	m	inus 3 =	•			x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is 3	ets of pap 250 (\$125 litional 50	er, the a for sma sheets o	I drawings exceed 100 pplication size fee due II entity) for each r fraction thereof. See and 37 CFR 1.16(s).							
	MULTIPLE DEPEN	IDENT CLAIM F	7 CFR 1.1									
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	01/09/2007	CLAIMS REMAINING AFTER AMENDMEN	-	HIGHE NUMBE PREVIO PAID F	R DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 26	Minus	 26		= 0		x \$ =		OR	X \$50=	0
	Independent (37 CFR 1.16(h))	* 6	Minus	***6		= 0		x \$ =		OR	X \$200=	0
	Application Size Fee (37 CFR 1.16(s))									1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGH NUM PREVI PAID	IBER OUSLY	PREȘENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	. 14	Minus	** /	50	=		x \$ =	7	OR	x \$ =	
	Independent (37 CFR 1.16(h))	· 3'	Minus	***	6	=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 CFR 1.16(J))									OR		
										OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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